

# GENERAL MOTORS MOBILITY REIMBURSEMENT APPLICATION



Please review the step-by-step instructions and list of eligible adaptive equipment found at [gmfleet.com/mobility](http://gmfleet.com/mobility). Incomplete applications will delay claims processing. If you have questions or need help, please contact the GM Mobility Assistance Center at 1-800-323-9935 (TTY 1-800-833-9935).

**APPLICATION  
PAGE 1 of 2**

Eligible adaptive equipment must be permanently installed in the vehicle, and installed for a driver or passenger with a permanent disability. Safety-belt extenders are eligible for reimbursement but do not qualify for OnStar® Safety & Security offer.

This application is valid for eligible new and unused 2018-2020 model-year Chevrolet, Buick, Cadillac, and GMC vehicles delivered between 10/1/18 and 1/02/20. Vehicles must be adapted and a claim must be submitted within six months of the date of purchase/lease.

You have chosen to hire your own mobility equipment installer to alter your vehicle. By offering an incentive, GM is not reviewing or taking any responsibility for the quality or safety of your alteration. Please consult the vehicle alterer making changes to your vehicle to ensure that the work done on your vehicle is consistent with the Federal Motor Vehicle Safety Act. Alterations are not covered under the GM new vehicle limited warranty.

## 1. OBTAIN ADAPTIVE EQUIPMENT AND PURCHASE RECEIPT

TTY equipment requested

After your vehicle adaptations are completed, obtain an itemized paid invoice from the licensed equipment installer(s). The invoice must include the following:

- Preprinted installer company name, address, and phone number
- Your name, address, and phone number
- Vehicle Identification Number (VIN)
- Description of the adaptive equipment installed on vehicle
- Date of adaptation (sale)
- Itemized cost of parts AND labor (listed separately)
- Proof of payment for the adaptation (copy of credit card receipt, canceled check, or paid invoice)

## 2. VEHICLE PURCHASER INFORMATION — PLEASE USE INK AND COMPLETE ALL INFORMATION

### PURCHASER INFORMATION

Mr.  Ms. \_\_\_\_\_  
LAST FIRST M.I.  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State/ZIP \_\_\_\_\_/\_\_\_\_\_  
 Home Phone # (\_\_\_\_\_) \_\_\_\_\_  
 Work Phone # (\_\_\_\_\_) \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

Vehicle sold/traded in:  
 Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
 First-time GM Mobility Reimbursement Program user?  
 Yes  No  
 Primary personal mobility aid used:  Wheelchair  
 Scooter  Cane/Walker/Crutches  Other  None

For information on GM's privacy statement, please visit [gm.com/privacy](http://gm.com/privacy) or call 1-866-MY-PRIVACY (1-866-697-7482).

### VEHICLE/EQUIPMENT INFORMATION

Vehicle ID No. (VIN) \_\_\_\_\_  
 Delivery Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
 Check appropriate box:  
 Retail Sale  Retail Lease  Commercial Sale

### DESCRIPTION OF ADAPTIVE EQUIPMENT INSTALLED

Date of Adaptation \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Total Cost of Adaptation \$ \_\_\_\_\_  
 Reimbursement Amount Requested\* \$ \_\_\_\_\_

NOTE: A letter from your physician describing the limitations of your disability is required for assist steps/running boards, assist handles, electric parking brake, inverter, pedal extenders, remote liftgate opener, and TTY equipment

\*Please see dealer or [gmfleet.com/mobility](http://gmfleet.com/mobility) for limits.

## 3. REVIEW AND SIGN APPLICATION (VEHICLE OWNER[S] OF RECORD)

I/We certify that the information entered on this application is correct and that the adaptive equipment described on the attached invoice(s) has been permanently installed on the eligible GM vehicle identified on this application. I/We understand that GM has no responsibility for my vehicle alterations.

\_\_\_\_\_  
 Purchaser/Lessee Signature Date  
 \_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Co-Purchaser/Co-Lessee Signature Date  
 \_\_\_\_\_  
 Print Name

**GO TO STEP 4 ON REVERSE. >**

**McCANN**  
DETROIT

360 West Maple Road • Birmingham • MI • 48009 • 248-203-8000

**studio360**

<b>Client: GM Fleet</b>		<b>Division: None</b>	
<b>Job #: 00000000</b>		<b>Ad #: None</b>	
Ad Description 2018/19 Mobility Reimbursement Application		Creative Director Sebens/Restum	
Media Type Digital	Live 10.75" x 8.25"	Ratio 1" = 1"	Art Director —
Unit Flyer_2 pages	Trim 11" x 8.5"	Live 10.75" x 8.25"	Copywriter —
Line Screen 150	Bleed 11.25" x 8.75"	Trim 11" x 8.5"	Acc't Executive Amy Cheza
Color 4 Color		Bleed 11.25" x 8.75"	Acc't Coordinator Allison Belanger
Caption None			MAC Artist Amy Shippy
Images GM_Brandmark_Blue_2D.ai			Production Robin Kujawa
Route <b>1</b>	Saved at 9-25-2018 8:14 PM by Shippy, Amy (DET-MEW) / janet.flessland	Page Number 1	Pubs —
Printed at None		Pre Press Schawk	Inks CMYK
<input type="checkbox"/> SPELLCHECKED <input type="checkbox"/> HIGH RES. ART PLACED <input type="checkbox"/> APPROVED EMAIL UPLOAD <input type="checkbox"/> APPROVED UPLOAD & PRINTOUTS		Fonts Gotham, Times, Zapf Dingbats, Minion Pro	NOTES: None

APPROVALS: INITIAL/DATE			
MAC ARTIST	ACCT COORD	PROOFREADER	ART DIRECTOR
/	/	/	/
COPYWRITER	PRODUCT SPEC	ART BUYER	LEGAL
/	/	/	/
CREATIVE DIR	EXEC CREA DIR	ASST ACCT EXEC	ACCT EXEC
/	/	/	/
SR ACCT EXEC	ACCT SUPER	ACCT DIRECTOR	PRODUCTION
/	/	/	/

B:8.75"  
T:8.5"  
S:8.25"

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APPLICATION  
PAGE 2 of 2

## 4. VALIDATE APPLICATION AT GM DEALER

Take your adapted vehicle and application to your GM dealer. Have your GM dealer representative sign the application. If you are physically unable to return to the GM dealer you bought the vehicle from (e.g., you are now residing in another state or have moved a considerable distance from your original dealer), any participating GM dealer representing the brand purchased may sign your application.

### DEALER INFORMATION

Dealer Name: \_\_\_\_\_  
 Dealer BAC Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

### CONFIRMATION (REQUIRED)

I have examined the eligible vehicle identified on this application, and it is equipped with the adaptive mobility equipment described on the attached invoice(s).

GM Dealer Representative Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

### Send reimbursement payment to (check one):

The GM dealer above  The vehicle purchaser

If the dealer is requesting payment, one of the following documents must accompany the application:

- Customer Incentive Acknowledgment and/or Assignment Form
- Copy of dealer check(s) issued to equipment installer(s)
- Copy of sales contract reflecting mobility incentive deduction

## 5. VERIFY YOUR APPLICATION IS COMPLETE

Gather your reimbursement application and all necessary attachments. **Incomplete applications will delay claims processing. Make sure you have the following:**

- Copy** of itemized invoice(s), including proof of payment
- Letter of authorization from your lessor if this is a leased vehicle
- If dealer is requesting payment, remember to provide ONE of the following: Customer Incentive Acknowledgment and/or Assignment Form, copy of dealer check(s) issued to adaptive equipment installer(s), or copy of sales contract reflecting mobility incentive deduction
- For reimbursement of assist steps/running boards (\$200 maximum), remote liftgate opener (\$500 maximum), assist handles, electric parking brake, inverter, and pedal extenders, provide signed letter from physician describing disability/limitation with physician's name, license number, address and phone number
- Copy** of completed and signed reimbursement application

## 6. APPLICATION SUBMISSION

Mail, fax, or e-mail your application and all required attachments to:

**Mail to:**  
 GENERAL MOTORS  
 MOBILITY PROGRAM HEADQUARTERS  
 P.O. BOX 33170  
 DETROIT, MI 48232

**Fax to:**  
 1-866-234-3036

**E-mail to:**  
 mobility@gm.com

PLEASE KEEP A COPY OF THE APPLICATION AND ALL SUPPORTING DOCUMENTS FOR YOUR FILES.

This claim and any payment made under this claim are subject to the Official Program Rules and Guidelines that are in effect from 10/1/18 to 1/02/20 and have been made available to all authorized GM dealers. General Motors reserves the right to modify or terminate this program without notice.

**SERVICE REQUEST NUMBER** FOR INTERNAL USE ONLY

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**studio360**

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<b>Caption</b> None			<b>MAC Artist</b> Amy Shippy
<b>Images</b> None			<b>Production</b> Robin Kujawa
<b>Route</b> 1	<b>Saved at</b> 9-25-2018 8:14 PM	<b>by</b> Shippy, Amy (DET-MEW) / janet.flessland	<b>Page Number</b> Pubs —
	<b>Printed at</b> None		2
		<b>Pre Press</b> Schawk	<b>Inks</b> Cyan, Magenta, Black
<b>SPELLCHECKED</b> <input type="checkbox"/>	<b>HIGH RES. ART PLACED</b> <input type="checkbox"/>	<b>APPROVED EMAIL UPLOAD</b> <input type="checkbox"/>	<b>APPROVED UPLOAD &amp; PRINTOUTS</b> <input type="checkbox"/>
<b>Fonts</b> Gotham, Zapf Dingbats, Minion Pro		<b>NOTES:</b> None	

### APPROVALS: INITIAL/DATE

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